
ALTERED LEVEL OF CONSCIOUSNESS/SEIZURES

FIELD ASSESSMENT/TREATMENT INDICATORS

Patient exhibits inappropriate behavior.

Assess for suspected narcotic dependence, overdose, hypoglycemia, traumatic injury, shock, intoxication.

Tonic clonic movements followed by a brief period of unconsciousness (post-ictal).

Suspect status epilepticus for frequent or extended seizures.

BLS INTERVENTIONS

1. Scene Safety
 - a. Personal
 - b. Personnel
 - c. Patient
2. Environmental Hazards
 - a. Possible cause of illness
3. Airway Management
 - a. Consider OPA/NPA
 - b. Assist with BVM
 - c. Suctioning
 - d. Oxygen therapy as clinically indicated
4. Position Patient
 - a. As tolerated
 - b. Altered gag reflex in absence of traumatic injury, place in Left lateral position
5. Glucose sublingual
 - a. If patient history includes insulin or oral hypoglycemic medications
6. Transport
 - a. Protect patient with appropriate padding
 - b. Closest hospital
 - c. ALS intercept with prolonged transport time

ALS INTERVENTIONS

1. Obtain blood glucose, if <60mg/dl or patient exhibits s/s of hypoglycemia, administer
 - a. Dextrose 25 Grams (50cc) IV/IO of 50% solution or
 - b. Glucagon 1mg IM/SC, if unable to establish IV, may give one time only.
 - c. May repeat blood glucose then repeat Dextrose if extended transport time
2. For tonic/clonic type seizure activity, administer
 - a. Midazolam 5-10mg IM or 2.5-5mg IV/IO.
 - b. Repeat Midazolam dosage for extended or recurrent seizure activity.
3. If suspected narcotic overdose, administer
 - a. Naloxone 2.0mg IV/IM.
 - b. Repeat Naloxone 2.0mg/kg IV/IM every 2-3 minutes if needed.
4. If hypotensive, refer to Protocol Reference #5003.
5. Assess and document response to therapy.
6. Contact Base Hospital for further orders.